

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

FILED JUN 11 1943
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Fallon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution - Dairymaid Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME PERPETUA FANNING HEMBROCK

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FE 13 1 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 - _____ hr. _____ min.

9. Birthplace ST. PAUL MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Thomas Fanning
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Bowels
15. Birthplace St Charles MO
(City, town, or county) (State or foreign country)

16. (a) Informant Justine Hembrock

(b) Address Fallon MO

17. (a) Burial (b) Date thereof May 4 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fallon MO

18. (a) Signature of funeral director E. Keithley
(b) Address Fallon MO

19. (a) May 4 '43 (b) E. Keithley
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles
(c) City or town Fallon 92
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? - 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from July 37 to May 1 1943
that I last saw her alive on April 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 1 mo.

Due to Myocarditis 5 yr.

Due to Paralysis Agitans 6 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Nicholas J. Nonch (M. D. or other)
Address Fallon, MO Date signed 5/3/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.